



WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

COMMERCIAL AMUSEMENT GAMES – CLASS A ONLY

THIS PACKET CONTAINS:

1. A pamphlet entitled *Gaming License Certification Program*.
2. General Instructions.
3. The basic application form (GC4-168a) with attachments:
 - *Disclosure of Corporate Officers / Stockholder* (GC4-017);
 - *Disclosure of LLC Members / Managers* (GC4-017b);
 - *Disclosure of Partnership* (GC4-017c)
 - Selected Washington Administrative Codes pertaining to Amusement Games / Devices and Licensure Requirements; and
 - Mandatory Pre-licensing Training letter (GC5-158).

NOTE

Check with local jurisdiction regarding if this gambling activity may be prohibited.

NOTE: FEEL FREE TO MAKE AND USE COPIES OF ALL FORMS WITHIN THIS PACKET.

GENERAL INSTRUCTIONS

1. Please type or print with black ink.
2. Answer ALL questions. Use N/A if not applicable. If necessary, you may COPY any of the forms in the application packet for submission.
3. Mail or deliver the completed application and fee(s) to the above address. *PLEASE NOTE:* We have the capability of receiving FAXED items to expedite the receipt of application documentation. HOWEVER, the original application MUST have an original signature prior to issuance of any license(s).
4. Please ensure that you read the enclosed pamphlet entitled *Gambling License Certification Program* and the condensed rules. YOU WILL FIND THEM VERY HELPFUL AND INFORMATIVE.
5. Ensure that the application is signed and dated by the appropriate individual(s).
6. WHEN COMPLETED, the application and addendums should be rechecked to ensure completion. This check may help to avoid delays during the processing of the application. You should be aware that failure to provide any documents / information WILL BE cause to administratively close or deny your application.
7. Attend mandatory training as required by WAC 230-04-020. See attached letter (GC5-158).
8. If you presently hold a gambling license(s), contact us prior to completing your application. We have essential information to expedite your application.
9. If you need assistance in completing this application - please call us.

ATTENTION APPLICANT

YOU MAY SIGNIFICANTLY REDUCE THE TIME IT TAKES TO PROCESS YOUR APPLICATION BY:

- **FOLLOWING ALL INSTRUCTIONS;**
- **ANSWERING ALL QUESTIONS ON THIS APPLICATION; AND**
- **SUBMITTING ALL ADDITIONAL REQUESTED DOCUMENTATION / INFORMATION AS SOON AS POSSIBLE.**



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

COMMERCIAL AMUSEMENT GAME – CLASS A ONLY (53)

<u>LICENSE CLASS</u>	<u>GROSS RECEIPTS</u>	<u>FEE</u>	<u>TYPE OF BUSINESS / LOCATION</u> (Mark <input checked="" type="checkbox"/> One)	
* Class A	Premises Only.....	**\$ 301 / 137	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Skating Rink
* Full fee is required, if not licensed with a different gambling license.			<input type="checkbox"/> Bowling Center	<input type="checkbox"/> Movie Theater
			<input type="checkbox"/> Tavern	<input type="checkbox"/> Miniature Golf Course
** Provides for fee reduction of \$164 when: Renewing an annual license or applying for an additional license(s) or applying for multiple licenses.			<input type="checkbox"/> Amusement Park	<input type="checkbox"/> Amusement Center
			<input type="checkbox"/> Grocery / Retail Store	
			<input type="checkbox"/> Other: _____	Explain _____

SPECIAL NOTE

CONSIDERATIONS WHEN SELECTING AN APPROPRIATE LICENSE CLASS:

This class is used for stationary operators who enter into an agreement to allow a Class B or above operator to place an amusement game(s) on the premises.

(1) **APPLICANT:** _____ (_____) - _____
Use Full Name, Corporate, Partnership or Limited Liability Company Name Telephone

Business Mailing Address: _____

City State Zip County

Email Address (if available): _____

Trade Name: _____ (_____) - _____
Telephone

Premises Street Address: _____

City State Zip County

City Limits: ☐ Inside ☐ Outside (Mark ☒ One) Dept. of Revenue Number: _____ (UBI)

(2) NAME OF PRIMARY AMUSEMENT GAME MANAGER

First Last Middle

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: (_____) - _____

Have you ever forfeited bail, been arrested / charged with a crime / convicted / jailed / or placed on probation of a crime? ☐ Yes ☐ No

Signature of Primary Game Manager
attesting to the criminal history: _____

Va#: _____
211- _____
Amount: \$ _____
Date: _____
AGENCY USE ONLY

(3) NAME OF ADULT SUPERVISORS

- Adult Supervisor's Name, if in a regional Shopping Center or Grocery / Retail Store:

First Last Middle

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: (_____)_____ - _____

- Adult Supervisor's Name, if in a regional Shopping Center or Grocery / Retail Store:

First Last Middle

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: (_____)_____ - _____

NOTE: If needed, attach additional sheets using the above format.

(4) YOU MUST COMPLETE AND SUBMIT THE FOLLOWING FORMS, DOCUMENTS AND / OR INFORMATION.

Mark ☒ each area that you complete. Write N/A next to any area that does not apply.

- ☐ Corporations: Submit a signed and dated copy of your articles of incorporation, and complete the *Disclosure Of Corporate Officers / Stockholders* (GC4-017).
- ☐ Limited Liability Company: Submit a copy of the certificate of formation showing Secretary of State's date stamp or seal. In addition, submit a copy of your LLC Agreement showing who the members are as well as the amount of their percentage of share owned in the company. Complete in full the attached *Disclosure of LLC Members / Manager* (GC4-017b).
- ☐ Partnerships: Submit a signed and dated copy of your partnership agreement. If verbal, submit a signed and dated statement disclosing the date formed and the terms and parties involved. Complete in full the attached *Disclosure of Partnership* (GC4-017c).

(5) FOR ALL COMMERCIAL AMUSEMENT GAME OPERATORS AT STATIONARY LOCATIONS ONLY:

(Mark ☒ / complete the attached as needed.)

- ☐ A. A detailed floor plan (no larger than 8.5" x 14") showing the entire premises to include property boundaries, all service areas, exits and entrances, and all proposed locations where the gambling activity(ies) will be conducted. If minors are allowed on the premises, indicate what area(s) may be frequented by school-aged minors under eighteen (18) years old.
- ☐ B. What was your total gross sales from all business activities during the past twelve (12) months? \$ _____
- ☐ C. What was your total gross sales from:
Amusement Devices / Games \$ _____ On-Premise Food Services \$ _____
- ☐ D. What are your normal operating hours? From: _____ To: _____
- ☐ E. Do you have mechanical or aquatic rides that are for use by the public?
☐ Yes ☐ No **IF YES**, how many? _____
- ☐ F. How many amusement devices / games will be operated at this location? (See WAC 230-02-510 and WAC 230-20-508 copies enclosed.)
Number: _____

(5) FOR ALL COMMERCIAL AMUSEMENT GAME OPERATORS AT STATIONARY LOCATIONS ONLY: (Continued)

- ☐ G. Are you leasing the amusement game(s) device(s) you will be using? ☐ Yes ☐ No
- ☐ Leased: Attach a copy of the agreement disclosing full details, including revenue sharing, all costs, the number of machines, and any restrictions regarding the use of the amusement game(s) / devices(s).
- ☐ If purchased, you must use GC4-168b. Review and comply with WAC 230-20-508 (copy enclosed).
-

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

**DECLARATION / SIGNATURE OF SOLE PROPRIETOR, EACH PARTNER, OR
THE CHIEF EXECUTIVE OFFICER**

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held. Further, I have read WAC 230-04-110 and acknowledge that all records relating the ownership and operation of the business shall be made available to commission staff and that commission staff will conduct an on-site review of my manufacturing facility(ies) to assure my capability of complying with the requirements of RCW 9.46 and WAC 230. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that should any information provided on the application change or become obsolete and / or if any criminal or civil actions are filed against me, I must inform the commission. See WACs 230-04-110, 230-04-022, 230-12-305, and 230-12-310.

- _____
Signature Title Date

Name – First, Middle, Last (PLEASE PRINT)
 - _____
Signature Title Date

Name – First, Middle, Last (PLEASE PRINT)
-

APPLICATION PREPARED BY:

Name Title

Address () -
Telephone